

**Georgia Hypnosis Society
Web Site Referral Information**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Ext: _____

E-mail: _____

(Please print *very* carefully)

Web site: **www.**_____.

2nd office information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Ext: _____

Ages served: [] preschool
[] children
[] teenagers
[] adults
[] geriatric

Therapy with: [] individual
[] couples
[] families
[] groups
[] business settings

Presenting Concerns: [] addiction
[] anxiety
[] dental
[] depression
[] headaches
[] mood disorders
[] pain
[] past life therapy
[] phobias
[] smoking cessation
[] stress
[] surgery
[] TMJ
[] trauma/PTSD
[] weight loss

License # and Licensing Board

Malpractice insurance \$ _____ / \$ _____

(Insurance info will not be posted on website.)

Please list memberships and status you would like included: (e.g., ASCH, Approved Consultant)

I attest that the above information is true and accurate.

(what other categories would you like to see listed?)

[] _____
[] _____

Signed _____ Date _____